**AVAILABILITY FORM**

Please complete the chart below by ticking the relevant boxes.

Please note that it may not be possible to fulfil your request due to the needs of our customers and the business.

You must work a minimum of alternate weekends to ensure that our customers receive continuity of care from regular and familiar staff.

|  |  |  |  |
| --- | --- | --- | --- |
| Full time | YES / NO | Part time | YES / NO |
| Live in | YES / NO | Nights | SLEEP IN / WAKING / BOTH / NONE |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Week | | Morning  *(7am–12noon)* | | Afternoon  *(12noon–5pm)* | | Evening  *(5pm–10pm)* | | Night  *(10pm–7am)* | | Live in  *(24 hours)* |
| Monday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| Tuesday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| Wednesday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| Thursday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| Friday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| Saturday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| Sunday | 1 | |  | |  | |  | |  | |  |
| 2 | |  | |  | |  | |  | |  |
| If you have selected live in, how many days / weeks would you prefer to work before a break? | | | | | | | | | | | |
| 2 days | | 1 week | | 2 weeks | | 3 weeks | | 4 weeks | | other | |
| If other, please give details: | | | | | | | | | | | |

Preferred amount of hours per week:

|  |  |  |  |
| --- | --- | --- | --- |
| Minimum week 1 |  | Maximum week 1 |  |
| Minimum week 2 |  | Maximum week 2 |  |

Employee Name: …………………………………………………………

Signed: ……………………………………………………………........... Date: ………………………

Employer Name:…………………………………………………………

Signed: ……………………………………………………………........... Date: ………………………

**Office use only**

|  |  |  |
| --- | --- | --- |
| Action | Date completed | Completed by |
| Co-ordinator informed |  |  |
| Availability changes updated on roster |  |  |
| Start date for change confirmed in writing/email |  |  |
| Copy to care assistant |  |  |
| Copy on file |  |  |

*NB. Should you wish to make changes to your agreed availability, 4 weeks prior notice will be required. Notice must be provided in writing using the relevant Bluebird Care paperwork, signed and dated. If the changes are then agreed it may take a further 4 weeks to facilitate.*